

**ASSEMBLY BILL**

**No. 704**

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**Introduced by Assembly Member Blumenfield**

February 21, 2013

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An act to amend Sections 1797.170, 1797.171, and 1797.172 of the Health and Safety Code, relating to emergency medical services.

LEGISLATIVE COUNSEL'S DIGEST

AB 704, as introduced, Blumenfield. Emergency medical services: military experience.

Under the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, the Emergency Medical Services Authority is responsible for establishing minimum standards and promulgating regulations for the training and scope of practice for an emergency medical technician (EMT-I), an advanced emergency medical technician (EMT-II), and an emergency medical technician-paramedic (EMT-P) certified or licensed, as applicable, under the act.

This bill would require the authority to develop and adopt regulations to, upon presentation of satisfactory evidence, accept the education, training, and practical experience completed by an applicant with military experience toward the qualifications and requirements for EMT-I certification, EMT-II certification, or EMT-P licensure, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

SECTION 1. Section 1797.170 of the Health and Safety Code is amended to read:

1797.170. (a) The authority shall develop and, after approval by the commission pursuant to Section 1799.50, adopt regulations for the training and scope of practice for EMT-I certification.

*(b) No later than January 1, 2015, the authority shall develop and, after approval by the commission pursuant to Section 1799.50, adopt regulations to, upon presentation of satisfactory evidence by an applicant for certification, accept the education, training, and practical experience completed by an applicant as a member of the United States Armed Forces, the United States Military Reserve, the National Guard of any state, or the Naval Militia of any state toward the qualifications and requirements for EMT-I certification.*

~~(b)~~

(c) Any individual certified as an EMT-I pursuant to this division shall be recognized as an EMT-I on a statewide basis, and recertification shall be based on statewide standards. Effective July 1, 1990, any individual certified as an EMT-I pursuant to this act shall complete a course of training on the nature of sudden infant death syndrome which is developed by the California SIDS program in the State Department of Public Health in consultation with experts in the field of sudden infant death syndrome.

SEC. 2. Section 1797.171 of the Health and Safety Code is amended to read:

1797.171. (a) The authority shall develop, and after approval of the commission pursuant to Section 1799.50, shall adopt, minimum standards for the training and scope of practice for EMT-II.

*(b) No later than January 1, 2015, the authority shall develop and, after approval by the commission pursuant to Section 1799.50, adopt regulations to, upon presentation of satisfactory evidence by an applicant for certification, accept the education, training, and practical experience completed by an applicant as a member of the United States Armed Forces, the United States Military Reserve, the National Guard of any state, or the Naval Militia of any state toward the qualifications and requirements for EMT-II certification. In developing the regulations pursuant to this*

1 *subdivision, the authority shall deem an applicant for EMT-II*  
2 *certification with military experience equivalent to EMT-I*  
3 *certification requirements as certified as an EMT-I unless the*  
4 *authority determines that the education, training, or practical*  
5 *experience is not sufficiently comparable to existing standards.*

6 ~~(b)~~

7 (c) An EMT-II shall complete a course of training on the nature  
8 of sudden infant death syndrome in accordance with subdivision  
9 (b) of Section 1797.170.

10 ~~(e)~~

11 (d) (1) In rural or remote areas of the state where patient  
12 transport times are particularly long and where local resources are  
13 inadequate to support an EMT-P program for EMS responses, the  
14 director may approve additions to the scope of practice of EMT-IIs  
15 serving the local system, if requested by the medical director of  
16 the local EMS agency, and if the EMT-II has received training  
17 equivalent to that of an EMT-P. The approval of the director, in  
18 consultation with a committee of local EMS medical directors  
19 named by the Emergency Medical Directors Association of  
20 California, is required prior to implementation of any addition to  
21 a local optional scope of practice for EMT-IIs proposed by the  
22 medical director of a local EMS agency. No drug or procedure  
23 that is not part of the basic EMT-P scope of practice, including,  
24 but not limited to, any approved local options, shall be added to  
25 any EMT-II scope of practice pursuant to this subdivision.

26 Approval

27 (2) Approval of additions to the scope of practices pursuant to  
28 this subdivision may be given only for EMT-II programs in effect  
29 on January 1, 1994.

30 SEC. 3. Section 1797.172 of the Health and Safety Code is  
31 amended to read:

32 1797.172. (a) The authority shall develop and, after approval  
33 by the commission pursuant to Section 1799.50, adopt minimum  
34 standards for the training and scope of practice for EMT-P.

35 (b) *No later than January 1, 2015, the authority shall develop*  
36 *and, after approval by the commission pursuant to Section 1799.50,*  
37 *adopt regulations to, upon presentation of satisfactory evidence*  
38 *by an applicant for EMT-P licensure, accept the education,*  
39 *training, and practical experience completed by an applicant as*  
40 *a member of the United States Armed Forces, the United States*

1 *Military Reserve, the National Guard of any state, or the Naval*  
2 *Militia of any state toward the qualifications and requirements*  
3 *for EMT-P licensure. In developing the regulations pursuant to*  
4 *this subdivision, the authority shall not require an applicant for*  
5 *EMT-P licensure with military experience equivalent to relevant*  
6 *course work to complete duplicative requirements unless the*  
7 *authority determines that the education, training, or practical*  
8 *experience is not sufficiently comparable to existing standards.*

9 ~~(b)~~

10 (c) The approval of the director, in consultation with a  
11 committee of local EMS medical directors named by the EMS  
12 Medical Directors Association of California, is required prior to  
13 implementation of any addition to a local optional scope of practice  
14 for EMT-Ps proposed by the medical director of a local EMS  
15 agency.

16 ~~(e)~~

17 (d) Notwithstanding any other provision of law, the authority  
18 shall be the agency solely responsible for licensure and licensure  
19 renewal of EMT-Ps who meet the standards and are not precluded  
20 from licensure because of any of the reasons listed in subdivision  
21 (d) of Section 1798.200. Each application for licensure or licensure  
22 renewal shall require the applicant's social security number in  
23 order to establish the identity of the applicant. The information  
24 obtained as a result of a state and federal level criminal offender  
25 record information search shall be used in accordance with Section  
26 11105 of the Penal Code, and to determine whether the applicant  
27 is subject to denial of licensure or licensure renewal pursuant to  
28 this division. Submission of fingerprint images to the Department  
29 of Justice may not be required for licensure renewal upon  
30 determination by the authority that fingerprint images have  
31 previously been submitted to the Department of Justice during  
32 initial licensure, or a previous licensure renewal, provided that the  
33 license has not lapsed and the applicant has resided continuously  
34 in the state since the initial licensure.

35 ~~(d)~~

36 (e) The authority shall charge fees for the licensure and licensure  
37 renewal of EMT-Ps in an amount sufficient to support the  
38 authority's licensure program at a level that ensures the  
39 qualifications of the individuals licensed to provide quality care.  
40 The basic fee for licensure or licensure renewal of an EMT-P shall

1 not exceed one hundred twenty-five dollars (\$125) until the  
2 adoption of regulations that specify a different amount that does  
3 not exceed the authority's EMT-P licensure, license renewal, and  
4 enforcement programs. The authority shall annually evaluate fees  
5 to determine if the fee is sufficient to fund the actual costs of the  
6 authority's licensure, licensure renewal, and enforcement programs.  
7 If the evaluation shows that the fees are excessive or are insufficient  
8 to fund the actual costs of the authority's EMT-P licensure,  
9 licensure renewal, and enforcement programs, then the fees shall  
10 be adjusted accordingly through the rulemaking process described  
11 in the Administrative Procedure Act (Chapter 3.5 (commencing  
12 with Section 11340) of Part 1 of Division 3 of Title 2 of the  
13 Government Code). Separate additional fees may be charged, at  
14 the option of the authority, for services that are not shared by all  
15 applicants for licensure and licensure renewal, including, but not  
16 limited to, any of the following services:

- 17 (1) Initial application for licensure as an EMT-P.
- 18 (2) Competency testing, the fee for which shall not exceed thirty  
19 dollars (\$30), except that an additional fee may be charged for the  
20 cost of any services that provide enhanced availability of the exam  
21 for the convenience of the EMT-P, such as on-demand electronic  
22 testing.
- 23 (3) Fingerprint and criminal record check. The applicant shall,  
24 if applicable according to subdivision (c), submit fingerprint images  
25 and related information for criminal offender record information  
26 searches with the Department of Justice and the Federal Bureau  
27 of Investigation.
- 28 (4) Out-of-state training equivalency determination.
- 29 (5) Verification of continuing education for a lapse in licensure.
- 30 (6) Replacement of a lost licensure card. The fees charged for  
31 individual services shall be set so that the total fees charged to  
32 EMT-Ps shall not exceed the authority's actual total cost for the  
33 EMT-P licensure program.
- 34 (e)
- 35 (f) The authority may provide nonconfidential, nonpersonal  
36 information relating to EMS programs to interested persons upon  
37 request, and may establish and assess fees for the provision of this  
38 information. These fees shall not exceed the costs of providing the  
39 information.
- 40 (f)

1     (g) At the option of the authority, fees may be collected for the  
2 authority by an entity that contracts with the authority to provide  
3 any of the services associated with the EMT-P program. All fees  
4 collected for the authority in a calendar month by any entity  
5 designated by the authority pursuant to this section to collect fees  
6 for the authority shall be transmitted to the authority for deposit  
7 into the Emergency Medical Services Personnel Fund within 30  
8 calendar days following the last day of the calendar month in which  
9 the fees were received by the designated entity, unless the contract  
10 between the entity and the authority specifies a different timeframe.